

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone: 812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Owner Cily Owner's A Zo43 Person in C	of Northern Address Silver Charge Person's	ss (nus : La lew St. be(E-mai	nber and street, city, state, zip code) New Albay, IN 47150 Albay / Parks Dept. New Albay, IN 47150	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection (mm/dd/yr) 4/13/Zo19 PERMIT # 18 - 37 Follow-up Release Date 10 days Summary of Violations: C NC NC R A Menu Type (See back of page)			
Certified F			·	7. Other (list)	1 <u>X</u> 2_	3	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Na	rrative		To Be Co	rrected By	
			No violations					
					-			
Received by (name and title printed): Inspected by (name and title printed):								
Received by (signature):				A.). Inspected by (signature):	(signature): Co:			